RECEIVED

SALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Date Received



COVER PAGE

Agency Name California State Assembly Division, Board, Department, District, if applicable Position Assemblymember If filing for multiple positions, list below or on an attachment. Agency: Position: Agency: Position: District 57 Assemblymember Position: District 57 Assemblyme	Please type or print in ink.		• •		BY: Claa
1. Office, Agency, or Court Agency Name California State Assembly Division, Board, Department, District, if applicable District 57 If filing for multiple positions, list below or on an attachment. Agency: Position: Position: 2. Jurisdiction of Office (Check at least one box) State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County County of City of Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2011, through December 31, 2011. -or- The period covered is Jounnary The period covered is January 1, 2011, through Leaving office. Assuming Office: Date assumed J The period covered is January 1, 2011, through the cleaving office. Candidate: Election Year Office sought, if different than Part 1: Schedule Summary Check applicable schedules or "None." Schedule A1 - Investments - schedule attached Schedule C - Income, & Business Positions - schedule attached Schedule D - Income - Gitts - Schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gitts - Travel Payments - schedule attached Schedule E - Income - Gitts - Travel Payments - schedule attached Schedule E - Income - Gitts - Travel Payments - schedule attached Schedule E - Income - Gitts - Travel Payments - schedule attached Schedule E - Income - Gitts - Travel Payments - schedule attached Schedule E - Income - Gitts - Travel Payments - schedule attached Schedule E - Income - Gitts - Travel Payments - schedule attached Schedule E - Income - Gitts - Travel Payments - schedule attached Schedule E - Income - Gitts - Travel Payments - schedule attached Schedule E - Income - Gitts - Travel Payments - schedule attached Schedule E - Income - Gitts - Travel Payments - schedule attached Schedule E - Income - Gitts - Travel Payments - schedule attached Schedule E - Income - Gitts - Travel Payments - schedule attached Schedule E - Income - Gitts - Travel Payments - schedule attached Schedule E - Income - Gitts - Tr	NAME OF FILER	(LAST)		(FIRST)	(MIDDLE)
California State Assembly Division, Board, Department, District, if applicable District 57 If filing for multiple positions, list below or on an attachment. Agency: Position: Position: Position: Z. Jurisdiction of Office (Check at least one box) State Dudge or Court Commissioner (Statewide Jurisdiction) City of City of City of City of Annual: The period covered is January 1, 2011, through December 31, 2011. Or- The period covered is/, through December 31, 2011. Or	Hernandez		Roger		
California State Assembly Division, Board, Department, District, if applicable District 57 Assemblymember If filing for multiple positions, list below or on an attachment. Agency: Position: Position: Z. Jurisdiction of Office (Check at least one box) State Dudge or Court Commissioner (Statewide Jurisdiction) City of City of City of City of Annual: The period covered is January 1, 2011, through December 31, 2011. Or- The period covered is/	1. Office, Agency, or Cou	urt			
Division, Board, Department, District, if applicable District 57 Assemblymember ▶ If filing for multiple positions, list below or on an attachment. Agency: Position: Position: Z. Jurisdiction of Office (Check at least one box) State Multi-County City of Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2011, through December 31, 2011. OT The period covered is	· ·	hly			
District 57		<u> </u>		Your Position	
Agency:	•	100101, app.,000			
2. Jurisdiction of Office (Check at least one box) State Judge or Court Commissioner (Statewide Jurisdiction) Multi-County County of		s, list below or on an attachment.			
Multi-County County of City of Other	Agency:			Position:	
State	2 Jurisdiction of Office	(Charle at least one hoy)	 		<u></u>
Multi-County County of City of Other		(Ulicux at icast one box)		Under or Court Commis	-i (Chatamida luriodiation)
City of Other Other	_			-	•
3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2011, through December 31, 2011. -or- The period covered is	•				
Annual: The period covered is January 1, 2011, through December 31, 2011. The period covered is/	City of			☐ Other	
-or- The period covered is	3. Type of Statement (Ch	neck at least one box)		.	
The period covered is	December 31, 20	red is January 1, 2011, through 011.			Left/
the date of leaving office. ☐ Candidate: Election Year Office sought, if different than Part 1:	The period cover		., through		is January 1, 2011, through the date of
A. Schedule Summary Check applicable schedules or "None." □ Schedule A-1 - Investments - schedule attached □ Schedule A-2 - Investments - schedule attached □ Schedule B - Real Property - schedule attached □ Schedule E - Income - Gifts - Travel Payments - schedule attached □ Schedule E - Income - Gifts - Travel Payments - schedule attached □ Schedule E - Income - Gifts - Travel Payments - schedule attached	Assuming Office: Date a	assumed	_		
Check applicable schedules or "None." □ Schedule A-1 - Investments - schedule attached □ Schedule A-2 - Investments - schedule attached □ Schedule B - Real Property - schedule attached □ Schedule E - Income - Gifts - Travel Payments - schedule attached □ Schedule E - Income - Gifts - Travel Payments - schedule attached □ Schedule E - Income - Gifts - Travel Payments - schedule attached	☐ Candidate: Election Year	Office s	ought, if differ	ent than Part 1:	
Check applicable schedules or "None." □ Schedule A-1 - Investments – schedule attached □ Schedule A-2 - Investments – schedule attached □ Schedule B - Real Property – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached □ Schedule E - Income – Gifts – Travel Payments – schedule attached	4. Schedule Summary				
☐ Schedule A-2 - Investments - schedule attached ☐ Schedule B - Real Property - schedule attached ☐ Schedule B - Real Property - schedule attached ☐ Schedule B - Income - Gifts - Travel Payments - schedule attached ☐ OF-	•	or "None."	► Total n	number of pages includi	ng this cover page:
☐ Schedule A-2 - Investments - schedule attached ☐ Schedule B - Real Property - schedule attached ☐ Schedule B - Real Property - schedule attached ☐ Schedule B - Income - Gifts - Travel Payments - schedule attached ☐ OF-	Schedule A-1 - Investmen	uts - schedule attached		Schedule C - Income. Loans	: & Rusiness Positions – schedule attach
☐ Schedule B - Real Property – schedule attached ☐ Schedule E - Income – Gifts – Travel Payments – schedule at -or-			×		
	Schedule B - Real Proper	ty – schedule attached	=		
Mena . Ma conortable interacts on any schodule					
NUTIE - NO reportable interests on any striedule		∐ None - No repo	rtable interests	s on any schedule	·
	петелт апо пт апу ацаслео ѕсл	equies is true and complete. Tac	жnowieage ini	5 15	
nerein and in any attached schedules is tide and complete. I acknowledge this is	I certify under penalty of perj	jury under the laws of the State	of California	tha	
Therein and in any attached schedules is tide and complete. I acknowledge this is I certify under penalty of perjury under the laws of the State of California tha		200 200 40			
I certify under penalty of perjury under the laws of the State of California tha	Date Signed	/29/2012	Sign	natu	
I certify under penalty of perjury under the laws of the State of California tha	Date Signed	nth, day, year)	Sign	natu 	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

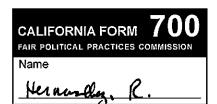
CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Hernauly, K.

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedu	(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/	
Commente	••

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)



► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Name	Name
Address (Business Address Acceptable) Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Address (Business Address Acceptable) Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Sole Proprietorship Partnership Other YOUR BUSINESS POSITION	NATURE OF INVESTMENT Sole Proprietorship Partnership Other YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	\$0 - \$499 \$10,001 - \$100,000 OVER \$100,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box: INVESTMENT REAL PROPERTY	Check one box: INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2011/2012) Sch. A-2

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION Name

	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS		
CITY	CITY		
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / / 11 / / 11 / / 11 / / 11 / / 11 / / 11 / / / 11 / / / 11 / / / 11 / / / 11 / / / 11 / / / 11 / / / /	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / / 11		
NATURE OF INTEREST	NATURE OF INTEREST		
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement		
Leasehold Other	Leasehold Other		
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED		
S0 - \$499 S500 - \$1,000 S1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000		
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000		
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.		
	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and		
	without regard to your official status. Personal loans and		
business on terms available to members of the public	without regard to your official status. Personal loans and		
business on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and iness must be disclosed as follows:		
business on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*		
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)		
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER		
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)		
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*		
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)		
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)		
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) —	without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)		

SCHEDULE C Income, Loans, & Business **Positions** (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Hernandez R.

NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	
CA State Assembly		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
PO Box 942849		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
CA Legislature		
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
State Assemblymember	•	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED	
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000	
☐ \$10,001 - \$100,000 🔀 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000	
CONCIDED ATION FOR MAINING INCOME WAS DESCRIVED	CONSIDERATION FOR MANOUL MOONE WAS DESCRIVED	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income	
Loan repayment Partnership	Loan repayment Partnership	
Sale of(Real property, car, boat, etc.)	Sale of(Real property, car, boat, etc.)	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more	
Other	☐ Other	
(Describe)	(Describe)	
l	I	
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	OD	
* You are not required to report loans from commercial le	nding institutions, or any indebtedness created as part of a	
	lender's regular course of business on terms available to	
	tus. Personal loans and loans received not in a lender's	
regular course of business must be disclosed as follows	3:	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)	
	or □ No.e	
ADDRESS (Business Address Acceptable)	%	
	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN None Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	None Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	None Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	☐ None ☐ Personal residence ☐ Real Property ☐ Street address	
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	None Personal residence Real Property Street address City	
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	None Personal residence Real Property Street address City Other	
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	None Personal residence Real Property Street address City Guarantor	
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	None Personal residence Real Property Street address City Other	

SCHEDULE D Income - Gifts

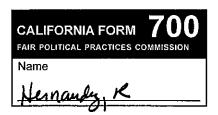
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Roger Hernandez

		11		
NAME OF SOURCE		NAME OF SOURCE		
Consumer Attorneys of CA		CIPA		
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acce		
770 L Street-Suite 1200-Sac		1001 K Street, 6th Floor,		
BUSINESS ACTIVITY, IF ANY, OF SOL	RCE	BUSINESS ACTIVITY, IF ANY, OF	SOURCE	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	
<u>11 , 12 , 11</u> _{\$} \$175.00	Dinner/Reception	11 , 30 , 11 _{\$} 291.3	6 Breakfast/Dinner	
\$		<u>11,30,11</u> _{\$} 385.3	5 Lodging	
		\$		
NAME OF SOURCE		► NAME OF SOURCE		
The Walt Disney Company		CA Democratic Party		
ADDRESS (Business Address Acceptab		ADDRESS (Business Address Acceptable)		
500 South Buena Vista Stree		1401 21st Street, Suite 200, Sacramento,CA		
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	BUSINESS ACTIVITY, IF ANY, OF	SOURCE	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	
12 / 16 / 11 \$ \$60.00	Leg.Brief/lunch/Parking	02 / 08 / 11 _{\$} 117.09	9 Dem.Caucus Dinner	
\$		03 / 30 / 11 _{\$} 86.85	2 Freshman Asm./Dinner	
► NAME OF SOURCE		► NAME OF SOURCE		
Speaker John A. Perez		OCEANA		
ADDRESS (Business Address Acceptab	le)	ADDRESS (Business Address Acce	ptable)	
777j So. Figueroa Street, Suite 4050, LA, CA 90017		99 Pacific Street, Suite 15	55-C, Monterey, CA 93940	
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	BUSINESS ACTIVITY, IF ANY, OF S	SOURCE	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	
<u>02 / 08 / 11</u> _{\$} 10.00	Beverages/D/Caucus	04 / 17 / 11 \$ 287.59	9 Research/Vessel/Tour	
02 / 09 / 11 _{\$} 84.30	Dem./Jacket			
\$				
Comments:				

SCHEDULE D Income – Gifts



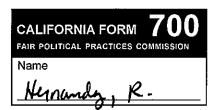
		_			
► NAME OF SOURCE		► NAME OF SOURC	E		
CBIA		Lance Hasting	gs/Mllr CRS		
ADDRESS (Business Address Acceptable) 1215 K Street Sacramento, CA 95814		ADDRESS (Business Address Acceptable) 411 East Wisconsin Avenue Milwuakee, Wisconsin			
					BUSINESS ACTIVITY, IF ANY, OF SOL
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
04 / 26 / 11 _{\$} 101.62	Legislative Dinner	03 / 01 / 11	s 54.49	Legislative Dinner	
\$			\$		
\$			\$		
► NAME OF SOURCE		► NAME OF SOURCE			
CA Dental Association	V a / - (4) a san also upper class h add a dela a del al del del del del del del del del del de	BP America II	·····		
ADDRESS (Business Address Acceptate		· ·	ADDRESS (Business Address Acceptable)		
1201 K Street, 14th FL, Sac				Sacramento,CA	
BUSINESS ACTIVITY, IF ANY, OF SOL	IRCE	BUSINESS ACTIVIT	ry, if any, of sol	JRCE	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
03 / 03 / 11 \$ 118.42	Event/Food/Beverage	03 / 23 / 11	\$202.43	Prkg/Ent.Ticket/Food	
			\$		
			\$		
NAME OF SOURCE		► NAME OF SOURCE	Ξ.		
Barona Band of Mission Indi	ans	TechAmerica			
ADDRESS (Business Address Acceptable)		ADDRESS (Busines	s Address Acceptab	ole)	
1095 Barona Road, Lakeside, CA 92040		1321 Seventh	Street, Suite 2	205, Santa Monica, CA	
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	BUSINESS ACTIVIT	Y, IF ANY, OF SOU	IRCE	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
05 / 12 / 11 \$ 72.58	Transportation	05 , 17 , 11	s 101.13	Dinner	
/ / *			\$		
, .					
		II//	\$		
Comments:	199				

SCHEDULE D Income - Gifts



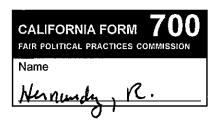
			_		
► NAME OF SOURCE		► NAME OF SOURC	E		
CA Assoc. of Surgical Tech		_ PIFC			
ADDRESS (Business Address Acceptable) 400 Capitol Mall-22nd FL-Sacramento, CA 95814		ADDRESS (Busines	ADDRESS (Business Address Acceptable) 1201 K Street Suite 1220 Sacramento,CA		
		1201 K Street			
BUSINESS ACTIVITY, IF ANY, OF SO	URCE	BUSINESS ACTIVIT	TY, IF ANY, OF SOL	IRCE	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
<u>06 , 02 , 11</u> _{\$} <u>193.89</u>	Lodging	_ 06 , 08 , 11	\$65.85	Dinner	
		-	\$		
\$		-	\$		
► NAME OF SOURCE	•	► NAME OF SOURCE	Ξ		
TechAmerica		Chukchansi E	conomic Deve	lopment Auth.	
ADDRESS (Business Address Acceptable)		ADDRESS (Busines	s Address Acceptab	le)	
455 Capitol Mall, Suite 600	Sacramento, CA 95814	555 Capitol M	all, Suite 1425	, Sacramento,CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SO	URCE	BUSINESS ACTIVIT	ry, if any, of sou	RCE	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
<u>06 , 27 , 11</u> _{\$} 90.62	Dinner	07 / 28 / 11	<u>\$ 10.80</u>	Dinner	
\$		07,28,11	\$40.00	Entertainment	
			\$		
NAME OF SOURCE		► NAME OF SOURCE	Ē		
Verizon		.			
ADDRESS (Business Address Accepta-		ADDRESS (Busines	s Address Acceptab	le)	
1201 K Street, Suite 960 Sa	icramento, CA 95814	.			
BUSINESS ACTIVITY, IF ANY, OF SOI	JRCE	BUSINESS ACTIVIT	Y, IF ANY, OF SOU	RCE	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
09 / 07 / 11 \$ 71.61	Dinner	-	\$		
/ \$		-	\$		
		_	\$		
Comments:					

SCHEDULE D Income - Gifts



► NAME OF SOURCE	► NAME OF SOURCE		
Sempra Energy	Kinsell, Newcomb & DeDios, Inc. ADDRESS (Business Address Acceptable) 2776 Gateway Road Carlsbad,CA 92009		
ADDRESS (Business Address Acceptable)			
101 Ash Street San Diego, CA			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
08 / 12 / 11	08 / 12 / 11 _{\$} 88.63 <u>Dinner/CA-MX Comm</u>		
	//_		
	\$		
► NAME OF SOURCE	► NAME OF SOURCE		
LA Cetto Wines	[]		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
Avenida Constitución 2108 Colonia Hidalgo, Tij.BC			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
08 / 12 / 11	\$		
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NAME OF SOURCE	➤ NAME OF SOURCE		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
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Comments:	AND TO SERVE		

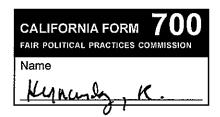
SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE	► NAME OF SOURCE
National Association of Latino Elected & App. Officials	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1122 West Washington Bl-3rd Floor	
CITY AND STATE	CITY AND STATE
Los Angeles, CA 90015	
BUSINESS ACTIVITY, IF ANY, OF SOURCE S01 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S): 09 / 25 / 11 _ 09 / 29 / 11 AMT: \$ 1,862.00	DATE(\$):/
TYPE OF PAYMENT: (must check one) X Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
Conference Participant/Flight, Hotel,Meal	-
- COLINGIA POR A P	
▶ NAME OF SOURCE	▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):///	DATE(S):/
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
	Other - Floride Description
Comments:	·

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



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► NAME OF SOURCE	► NAME OF SOURCE
National Association of Latino Elected & App. Officials	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1122 West Washington BI-3rd Floor	
CITY AND STATE	CITY AND STATE
Los Angeles, CA 90015	<u> </u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE S 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S): 09 / 25 / 11 - 09 / 29 / 11 AMT: \$ 1,862.00	DATE(S):/
TYPE OF PAYMENT: (must check one) 🗵 Gift 🔲 Income	TYPE OF PAYMENT: (must check one)
Made a Speech/Participated in a Panel	☐ Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
Conference Participant/Flight, Hotel,Meal	
▶ NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):/	DATE(S):// AMT: \$
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one)
Made a Speech/Participated in a Panel	☐ Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
Comments:	